

**PRIORITY
MAIL
EXPRESS®**

**FLAT RATE
ENVELOPE**
ONE RATE ■ ANY WEIGHT

To schedule free Package Pickup,
scan the QR code.



USPS.COM/PICKUP



PS10001000006

EP13F May 2020

UNITED STATES POSTAL SERVICE® | **PRIORITY MAIL EXPRESS®**

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) Arthur Samodovitz PHONE () 00918-1767
140 Lasa Dr. Apt 204
ST. AUGUSTINE, FL 32084

DELIVERY OPTIONS (Customer Use Only)

☐ **SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available*)
☐ 10:30 AM Delivery Required (additional fee, where available*)
*Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT) US District Court, Clerk's Office PHONE () 00918-1767
150 Ave. Carlos Chardon
Suite 150
San Juan, Puerto Rico

ZIP + 4® (U.S. ADDRESSES ONLY) 00918-1767

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
■ \$100.00 insurance included.

PEEL FROM THIS CORNER

00918

R2305H129442-50



EJ 527 334 828 US

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PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code <u>32084</u>	Scheduled Delivery Date (MM/DD/YY) <u>12/1/21</u>	Postage <u>\$ 27.10</u>	
Date Accepted (MM/DD/YY) <u>11/30/21</u>	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON <u>6pm</u>	Insurance Fee <u>\$</u>	COD Fee <u>\$</u>
Time Accepted <u>12:45</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee <u>\$</u>	Return Receipt Fee <u>\$</u>	Live Animal Transportation Fee <u>\$</u>
Special Handling/Fragile <u>\$</u>	Sunday/Holiday Premium Fee <u>\$</u>	Total Postage & Fees <u>\$ 27.10</u>	
Weight <u>TM</u> lbs. ozs.	Acceptance Employee Initials <u>TM</u>		
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	

LABEL 11-B, MARCH 2019

PSN 7690-02-000-9996